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To:

Division of Corporations

Fax Number : (850)617-6883

From:

Account Name : UNITED AGENT GROUP INC.

Account Number : I20160000085

Phone : (561)508-5033 Fax Number : (561)694-1639

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## LLC REGISTERED AGENT CHANGE REG8 WELLINGTON, LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na:	Name of the limited liability company: REG8 Wellington, LLC		
2.	(a)	ONE INDEPENDENT DRIVE	(1	(b) ONE INDEPENDENT DRIVE
	(m)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		SUITE 114		SUITE 114
		JACKSONVILLE, FL 32202-5019	100	J.CKSONVILLE, FL 32202-5019
		06/01/2009		M09000002060
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	Registered Agent and Registered Office shown on the records	of the Florid	
		Registered Office Address (MUST BE FLORIDA STREET ONE INDEPENDENT DRIVE STE 1300	-	平
		JACKSONVILLE	FL_32202	SALE ON THE
	<b>(b)</b>	United Agent Group Inc.  Enter name of NEW Registered Agent and/or NEW Registered.	red Office at	ddress:
		NEW Registered Office Address:		······
		11380 Prosperity Farms Road #221E		OL, 19
		Palm Beach Gardens	FL 33410	$\Delta t$
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Savarnah Montalban, Attorney-in-Fact  Signature of a member or authorized representative of a member Printed or typed name of signee  I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept				
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.  Sevannah Montalban, Special Secretary				
Signature of Registered Agent				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00